



PART B - FEE(S) TRANSMITTAL

B #

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7590 05/21/2003

LAW OFFICES OF RONALD M. ANDERSON
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Kathy Paulino	(Depositor's name)
<i>Kathy Paulino</i>	(Signature)
July 31, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/910,364	07/20/2001	James C. Chen	CHIEN0175	3039

TITLE OF INVENTION: CONTACTLESS ENERGY TRANSFER APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXX YES	XXXX \$650	\$300	XXXX \$950	08/21/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULLINS, BURTON S	2834	310-104000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Ronald M. Anderson

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Light Sciences Corporation

Snoqualmie, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-1940 (enclose an extra copy of this form).

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(Authorized Signature) _____ (Date)

Ronald M. Anderson Reg No 28829 7/31/2003

08/05/2003 HLE444 00000098 09910364

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01 FC:2501

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